## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

| CLAIMS AS FILED - PART I<br>(Column 1)                                                                                                                                                                                                                                                |                                                |                                             |                       |                               | (Column 2)          |                  |              | SMALL ENTITY TYPE  |                        | OTHER THAN     |                     |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------|-----------------------|-------------------------------|---------------------|------------------|--------------|--------------------|------------------------|----------------|---------------------|------------------------|
| TOTAL CLAIMS                                                                                                                                                                                                                                                                          |                                                |                                             | }                     |                               |                     |                  | Ė            | RATE               | FEE                    | 1              | RATE                | FEE                    |
| FOR                                                                                                                                                                                                                                                                                   |                                                |                                             | NUMBER FILED          |                               | NUMBER EXTRA        |                  | 1            | BASIC FEE          | 375.00                 | OR             | BASIC FEE           | 750.00°                |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                               |                                                |                                             | minus 20=             |                               | . 2                 |                  |              | X\$ 9=             |                        | OR             | X\$18 <b>≠</b>      |                        |
| INDEPENDENT CLAIMS                                                                                                                                                                                                                                                                    |                                                |                                             | minus 3 =             |                               |                     |                  |              | X42=               |                        | OR             | X84=                |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                                                                                                                                                                                                                      |                                                |                                             |                       |                               |                     |                  |              | +140=              |                        | OR             | +280=               |                        |
| * If the difference in column 1 is less than zero, enter "0"                                                                                                                                                                                                                          |                                                |                                             |                       |                               |                     | olumn 2          | L            | TOTAL              |                        | OR             | TOTAL               |                        |
| 8                                                                                                                                                                                                                                                                                     | 14/07 C                                        |                                             | (Column 2) (Column 3) |                               |                     |                  | SMALL ENTITY |                    |                        | OTHER<br>SMALL |                     |                        |
| AMENDMENT A                                                                                                                                                                                                                                                                           |                                                | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |                       | HIGH<br>NUMI<br>PREVIO        | EST<br>BER<br>DUSLY | PRESENT<br>EXTRA |              | RATE               | ADDI-<br>TIONAL<br>FEE | OR             | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                       | Total                                          | . 20                                        | Minus                 |                               | Ö                   | = Ø              |              | X\$ 9=             |                        | OR             | X\$18=              |                        |
| AME                                                                                                                                                                                                                                                                                   | tndependent                                    | * 2                                         | Minus                 |                               |                     | = 0              | ł            | X42=               |                        | OR             | X84=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                        |                                                |                                             |                       |                               |                     |                  |              | +140=              |                        | OR             | +280=               |                        |
|                                                                                                                                                                                                                                                                                       |                                                |                                             |                       |                               |                     | •                | A            | TOTAL<br>ODIT. FEE |                        | OR             | TOTAL<br>ADDIT. FEE |                        |
|                                                                                                                                                                                                                                                                                       |                                                |                                             |                       |                               |                     |                  |              |                    |                        |                |                     |                        |
| AMENDMENT B                                                                                                                                                                                                                                                                           |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                       | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY        | PRESENT<br>EXTRA |              | RATE               | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                       | Total                                          | *                                           | Minus                 | **                            | -                   | =                | ] ]          | X\$ 9=             |                        | OR             | X\$18=              |                        |
|                                                                                                                                                                                                                                                                                       | Independent                                    | TATION OF MI                                | Minus                 |                               | CL AIAA             | =                | 4 [          | X42=               |                        | OR             | X84=                |                        |
|                                                                                                                                                                                                                                                                                       | I MOT PALSE                                    | INTATION OF IM                              | JE111, C              | L DCF ENOCKY                  | COMM                |                  | ] [          | +140=              | ,                      | OR             | +280=               |                        |
|                                                                                                                                                                                                                                                                                       | TOTAL OR TOTAL ADDIT, FEE                      |                                             |                       |                               |                     |                  |              |                    |                        |                |                     |                        |
| (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                      |                                                |                                             |                       |                               |                     |                  |              |                    |                        |                |                     |                        |
| AMENDMENT C                                                                                                                                                                                                                                                                           |                                                | CLAIMS<br>REMAINING<br>AFTER<br>: AMENDMENT |                       | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY        | PRESENT<br>EXTRA |              | RATE               | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                       | Total                                          | *                                           | Minus                 | t to                          |                     | =                | 1 [          | X\$ 9=             | -                      | OR             | X\$18=              |                        |
|                                                                                                                                                                                                                                                                                       | Independent                                    | *                                           | Minus                 |                               | T CL AIM            | <u> </u>         | <b>∤</b> ↾   | X42≃               |                        | OR             | X84=                | ·                      |
| -                                                                                                                                                                                                                                                                                     | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                             |                       |                               |                     |                  |              |                    | OFI                    | +280=          |                     |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE |                                                |                                             |                       |                               |                     |                  |              |                    |                        | OR             | TOTAL<br>ADDIT. FEE |                        |
|                                                                                                                                                                                                                                                                                       |                                                | Imber Previously Pa<br>nber Previously Pa   |                       |                               |                     |                  |              |                    | oropriate bo           | x in co        | lumn 1.             |                        |